

**MIAMI COUNTY HEALTH DEPARTMENT**  
**FOOD PERMITS**  
**25 Court Street, Suite 211**  
**PERU, IN 46970**  
**Phone: 765-473-0284; 765-473-0283; fax 765-473-0285**

## **APPLICATION FOR A TEMPORARY PERMIT TO OPERATE A RETAIL FOOD ESTABLISHMENT**

Application is hereby made for a permit to operate a retail food establishment. By this application, it is agreed that the establishment will comply with the provisions of the Indiana State Department of Health Rule 410 IAC 7-24 and Miami County Food Operation Ordinance 7-18-05 or any subsequent regulations. It is further agreed that the establishment shall be open to inspection by agents of the Miami County Health Department. A late fee will be charged if an application for the permit is not made seven days prior to the event. Signing this document allows the Miami County Health Department to make all needed inspections. **No permit will be issued at the event site.**

### ***THIS PERMIT IS NON-TRANSFERABLE***

**You must fill out this form completely and accurately.** Return the **signed original form** and the **proper fee** **Temporary food \$10.00 per day not to exceed \$30.00 per event** to the Miami County Health Department.

**No Personal checks.** A separate permit shall be required for each retail food establishment operated by any person. Submitting does not guarantee a permit will be issued. Late Fee: \$25.00.

#### ***Non-profit organizations***

No permit fee shall be paid by an organization that is exempt from taxation under Section 501 of the Internal Revenue Service code. Events conducted by the organization under this section take place no more than fifteen days in any calendar year. This section does not prohibit an exempted organization from waiving the exemption for a license under this chapter. A copy of tax exemption required. **Our organization waives the exemption.**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Title: \_\_\_\_\_ .

**Event Name:** \_\_\_\_\_  
The name commonly used for the event.

**Location of Event:** \_\_\_\_\_  
The physical location of the event.

**Date(s) of event: From:** \_\_\_\_\_ **to** \_\_\_\_\_ **Hours open:** \_\_\_\_\_ **to** \_\_\_\_\_

**Establishment Name:** \_\_\_\_\_  
The name used on the food stand.

**Business Owners Name:** \_\_\_\_\_  
The person or corporation which owns the business. In a small business this may be the manager.

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
The phone number of the businesses home office.

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
The legal mailing address of the business by which the local operator or manager may be reached.

(Continued on back.)

**On-Site Manager's Name:** \_\_\_\_\_

The person responsible for the daily operation and is available at the business.

**Certified Food Handler**

**Name:** \_\_\_\_\_ **Expires:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Certificate and photo ID card must be available at establishment & a copy of each sent with application

**Local Telephone:** \_\_\_\_\_

Number which contacts the local manager in case of emergency. (Pager Cell Phone etc.)

**E-mail address:** \_\_\_\_\_

**Type Food Sold:** \_\_\_\_\_

Indicate specific major menu items if food is prepared and served.

**Where is Food Prepared:** \_\_\_\_\_

Indicate on site or other location.

All codes contained in the Indiana State Department of Health Title 410 IAC 7-24 apply. This includes the requirement of back-flow devices, handwash sinks and three compartment sinks. Grey water is considered sewage and must be removed in an approved method. The dumping of sewage of any kind on the ground is a violation of Miami County Ordinance and fines may be charged. We agree to follow all Indiana State Department of Health & Miami County rules. We further agree to allow food inspections of our establishment.

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

(The person who fills out the application needs to sign it, plus title.)

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY**

**Receipt Number:** \_\_\_\_\_ **Date Issued** \_\_\_\_\_

**Payment Received: \$** \_\_\_\_\_ **Date Expires:** \_\_\_\_\_